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CONFIRMATION NO. 8167

SERIAL NUMBER 09/356,692	FILING OR 371(c) DATE 07/20/1999 RULE	CLASS 348	GROUP ART UNIT 2615	ATTORNEY DOCKET NO. 35.C7695CONT
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APPLICANTS

KATSUMI AZUSAWA, KONOSU-SHI, JAPAN;
 MASAMICHI TOYAMA, YOKOHAMA-SHI, JAPAN;
 SHIGERU OGINO, TOKYO, JAPAN;

**** CONTINUING DATA *******

This application is a CON of 08/380,336 01/30/1995 PAT 6,014,169
 which is a CON of 07/928,099 08/13/1992 ABN
 which is a CON of 07/715,457 06/14/1991 ABN

**** FOREIGN APPLICATIONS *******

JAPAN 2-161905 06/19/1990
 JAPAN 2-171590 06/28/1990

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
 08/19/1999

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY JAPAN	SHEETS DRAWING 5	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

FITZPATRICK CELLA HARPER & SCINTO
 30 Rockefeller Plaza
 NEW YORK, NY10112-3801

TITLE

PICKUP DEVICE APPARATUS INCLUDING VIBRATION CORRECTION MEANS

FILING FEE RECEIVED 760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/356,692	07/20/99	348	2712 2615	35.C7695CONT

APPLICANT KATSUMI AZUSAWA, KONOSU-SHI, JAPAN; MASAMICHI TOYAMA, YOKOHAMA-SHI, JAPAN; SHIGERU OGINO, TOKYO, JAPAN.

CONTINUING DOMESTIC DATA**

VERIFIED

nt none

371 (NAT'L STAGE) DATA**

VERIFIED

nt none

FOREIGN APPLICATIONS**

VERIFIED

nt JAPAN 2-161905 06/19/90.
JAPAN 2-171590 06/28/90

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	nt	JPX	5	15	3
Examiner's Initials		Initials			

ADDRESS

FITZPATRICK CELLA HARPER & SCINTO
277 PARK AVENUE
NEW YORK NY 10172

#3/a
TITLE

~~IMAGE PICKUP APPARATUS~~

Pick up Device apparatus Including Vibration
Correction Means

FILING FEE
RECEIVED

\$760

FEES: Authority has been given in Paper
No. _____ to charge/credit DEPOSIT ACCOUNT
NO. _____ for the following:

- ☐ All Fees
☐ 1.16 Fees (Filing)
☐ 1.17 Fees (Processing Ext. of time)
☐ 1.18 Fees (Issue)
☐ Other _____
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